



City of Quincy
Board of License Commission
1305 Hancock Street
Quincy Ma 02169
617-376-1134

(Susan Kindregan)

APPLICATION FEE \$100.00

PLEASE PRINT INFORMATION

APPLICANTS NAME:

MAILING ADDRESS:

EMAIL:

TYPE OF LICENSE:

NAME OF BUSINESS:

D/B/A

BUSINESS ADDRESS:

HOURS:

OCCUPANCY:

PROPOSED MANAGER:

FEDERAL I.D.#

PHONE:

BUILDING OWNERS NAME & SIGNATURE:

PLEASE NOTE: ALL APPLICANTS MUST COMPLETE THE ENTIRE APPLICATION AND SUPPLY ALL INFORMATION REQUESTED BEFORE HEARING.

1. CONTACT WARD COUNCILLOR (PAGE2)
2. COMMON VICTUALLER LICENSEES MUST SUPPLY A FOOD PLAN REVIEW
3. NEW GAS STATIONS/GARAGE/REPAIR/SELF SERVICE MUST NOTIFY ABUTTERS AND ADVERTISE 7 DAYS PRIOR TO HEARING.
4. UPON APPROVAL FROM THE COMMISSIONERS APPLICANTS MUST FILE A BUSINESS CERTIFICATE AND OBTAIN A LICENSE FROM THE CLERK'S OFFICE.

You are **required** to contact the appropriate Ward Councilor (ward where business will be located) prior to submitting your application.

To determine the appropriate Councilor, go to:

quincyma.gov > GIS Property Viewer > Themes > wards & precincts

Ward 1 Dave McCarthy: 617-376-1351

(dmccarthy@quincyma.gov)

Ward 2 Anthony Andronico: 617-376-1352

(aandronico@quincyma.gov)

Ward 3 Ian Cain: 617-376-1353

(icain@quincyma.gov)

Ward 4 Brian Palmucci: 617-376-1354

(bpalmucci@quincyma.gov)

Ward 5 Charles Phelan: 617-376-1355

(chuckphelan@quincyma.gov)

Ward 6 William Harris: 617-376-1356

(wharris@quincyma.gov)

I contacted: _____

Phone _____ Email _____

On this date: _____

Your name: _____

Signature: _____

**INSPECTIONAL SERVICES DEPARTMENT
55 SEA STREET**

Please bring this application to the address above for review of the items noted below:

ITEM	APPLICABLE	NOT APPLICABLE	SUBMITTED
Zoning Issues			
Bldg. Permit Required			
Sign Permit Required			
Assessor's Tax Title			
Fire Dept. Inspection Required			
Recommendations			

Reviewed by: _____

Date: _____

Schedule License Board Hearing: Yes _____ No: _____

CITY OF QUINCY HEALTH DEPARTMENT
440 East Squantum Street

The following items must be provided to the Health Department
BEFORE a License Board Hearing date can be scheduled.

Please bring the items listed below and this application to the address
noted above.

ITEM SUBMITTED	YES	NO
Menu		
Floor Plan:		
show equipment in food prep area		
show storage areas		
show cleaning and sanitation equipment		
show finish coverings (walls, floor, ceiling)		
Serve Safe Certificate		
Allergen Awareness		
Anti-Choking (25+ seats)		

Reviewed by: _____

Date: _____

Schedule License Board Hearing: Yes _____ No: _____



PAUL KEENAN
POLICE CHIEF

Office use:

Agenda Date: _____

Name: _____

Address: _____

Name of requesting agency: City of Quincy - Lienx Board

Name and title of individual making request for records: ll

Purpose for which the information is being requested: Lienx Board Hearing

Identification of person about whom request is being made: _____

Full name: _____

Address: _____

Date of birth: _____

Social Security #: _____

Telephone #: _____

complete this section + sign below

I swear or affirm under the penalties of perjury that all statements and representations made on this record request form are true and complete to the best of my knowledge, that I am authorized to make this record request and that this record request is otherwise in accord with the above named agency's certificate for access to criminal offender record information.

Signature:



**PAUL KEENAN
POLICE CHIEF**

**QUINCY POLICE DEPARTMENT
1 SEA STREET
QUINCY MA 02189
617-479-1212**

EMERGENCY BUSINESS CONTACT FORM

To help serve the business community better, the Quincy Police Department is updating all emergency business contact information. The information you provide will enable the Police to contact you or a representative of your business should a problem occur. This information is strictly confidential and will be stored in the database of the Police computer system. We would appreciate your completing this form as accurately as possible, and returning it to the above address. Thank You.

IT IS VERY IMPORTANT THAT YOU NOTIFY THE QUINCY POLICE COMMUNICATIONS DIVISION WHENEVER ANY OF THIS INFORMATION CHANGES.

DATE: _____

COMPANY NAME: _____

TELEPHONE # _____ **FAX#** _____

ADDRESS: _____

Order of persons to be contacted:

NAME	ADDRESS	TELEPHONE

After Business hours does your business have:

Alarms: _____ **Lights:** _____ **Guard** _____ **Guard Dog:** _____

Does your business contain any material or condition that could be hazardous to police or fire department personnel who may have to enter after business hours? If so please explain: _____

use additional sheets if necessary. _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit: General Businesses
Applicant Information Please Print Legibly

Business/Organization Name: _____
Address: _____
City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- ☐ I am an employer with _____ employees (full and/or part time.)
☐ I am sole proprietor or partnership and have no employees working for me in any capacity. (no workers comp. insurance required)
☐ We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (no workers comp. required.)
☐ We are a non-profit organization, staffed by volunteers, with no employees. (no workers comp. required)

Business Type (required)

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (inc. real estate, auto etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.
Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-Ins. Lic. # Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
Failure to secure coverage as required under Section 26A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an employee is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer." MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

**The Department's address, telephone and fax number:
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111**

**Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749**

www.mass.gov/dia

Form Revised 5-26-05